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PTO/SB/05
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 30] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		6. Nucleotide and/or Amino Acid Sequence Submission <small>(<i>if applicable</i>, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small> 		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> Attorney	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
Prior application information: Examiner _____ Group / Art Unit: _____		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		11. <input type="checkbox"/> Preliminary Amendment	
17. CORRESPONDENCE ADDRESS		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 <small>(Insert Customer No. or Attach bar code label here)</small>		13. <input type="checkbox"/> Status of Entity Statement <input type="checkbox"/> Status still proper and desired <small>(PTO-890-12)</small>	
Name _____		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(<i>if foreign priority is claimed</i>)</small>	
Address _____		Other: _____ <small>_____</small> <small>_____</small>	
City _____ State _____ Zip Code _____ Country _____ Telephone _____ Fax _____		or <input type="checkbox"/> Correspondence address below	
Name (Print/Type) Michael A. Glenn Signature 		Registration No. (Attorney/Agent) 30,176 Date 2/26/02	

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FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,032.00)

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Roskind et al.
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	AOL0022

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **50-0249**Deposit Account Name **Netscape Communications Corp.**

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

Payment Enclosed:

- Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	380	216	190 Extension for reply within second month	
117	870	217	435 Extension for reply within third month	
118	1,360	216	680 Extension for reply within fourth month	
128	1,850	228	925 Extension for reply within fifth month	
119	300	219	150 Notice of Appeal	
120	300	220	150 Filing a brief in support of an appeal	
121	260	221	130 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,210	241	605 Petition to revive - unintentional	
142	1,210	242	605 Utility issue fee (or reissue)	
143	430	243	215 Design issue fee	
Total Claims	[15] -20*	[0]	x [18.00] + [0.00]	
Independent Claims	[6] -3*	[3]	x [84.00] = [252.00]	
Multiple Dependent				

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

Extra Claims below	Fee Paid
Total Claims [15] -20*	[0] x [18.00] + [0.00]
Independent [6] -3*	[3] x [84.00] = [252.00]
Multiple Dependent	

*for number previously paid, if greater. For Reissues, see below

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	78	202	30 Independent claims in excess of 3
104	260	204	130 Multiple dependent claim, if not paid
109	78	209	39 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 252.00)

Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$ 40.00)

Complete if applicable

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176	Telephone	650-474-8400
Signature				Date	2/26/02

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